



WHO Guidelines Seek to Lower Risk of TB Transmission During Air Travel

Tuberculosis and Air Travel: Guidelines for Prevention and Control has been published by the World Health Organization (WHO) in collaboration with international TB experts, civil aviation authorities, and airline company representatives.

WHO stresses that while the risk is low, instances have been documented of TB transmission during air travel.

The guidelines have been welcomed by the airline industry. According to Dr. Claus Curdt-Christiansen of the International Civil Aviation Organization, in-flight exposure to infectious TB has become an increasingly realistic possibility for travelers.

"Within the next decade we can expect more than two billion passengers per year in scheduled air traffic alone," he said. "It is to be hoped that WHO's guidelines... will be implemented without delay by

health authorities and airline companies worldwide."

The guidelines recommend tracing and informing passengers and crew members who were on a com-

mercial flight with an infectious person if the flight, including ground delays, lasted more than eight hours and if less than three months have elapsed between the flight and notification of the case to the health authorities. Incomplete airline records currently make this difficult. According to WHO, it is essential that airlines records be as comprehensive and reliable as possible.

The guidelines also recommend that maximum efficiency air filters should be installed and properly maintained on all aircraft and that ground delays (during which passengers remain on board with little or no ventilation) should be kept to a minimum. Anyone with infectious TB should postpone travel until he or she becomes non-infectious. Boarding should be denied to people known to have infectious TB.

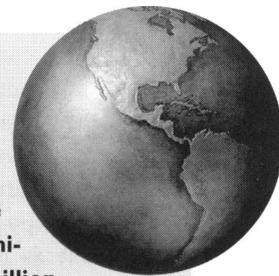
The Aerospace Medical Association and the Airline Medical Directors Association support the WHO recommendations. ■

WHO Launches Global Cancer Control Strategies

Deaths from cancer are on the rise worldwide, as is the annual total of new cancer cases. The World Health Organization (WHO) estimates that by 2020 there will be 20 million new cancer patients in the world each year, more than 70% of whom will live in developing countries.

At an international conference on "Cancer Strategies for the New Millennium" at the Royal College of Physicians in London, WHO unveiled its new global strategies designed to significantly reduce cancer incidence, morbidity, and mortality. The new strategies are based on an integrated approach to prevention, early detection, treatment, and palliative care.

According to WHO Director-General Dr. Gro Harlem Brundtland, these cancer control strategies make it feasible to reduce the global incidence of cancer by five million per year by 2020 as well as to reduce cancer mortality by almost half. ■





CDC TARGETS ARTHRITIS, a Leading Cause of Disability

Arthritis affects more than 42 million Americans, or almost one out of every six people, making it one of the most prevalent diseases in the United States. The numbers are expected to increase dramatically as the "Baby Boomers" age. By 2020, an estimated 60 million Americans, or almost 20% of the population, will be affected by arthritis, more than 11 million of whom will be disabled.

In *The National Arthritis Action Plan: A Public Health Strategy*, the Centers for Disease Control and Prevention (CDC) proposes a coordinated national effort to reduce the occurrence of arthritis and associated disabilities.

Developed under the leadership

of CDC, the Arthritis Foundation, and the Association of State and Territorial Health Officials, the strategy document will serve as a blueprint for public health efforts targeting arthritis. The plan represents the combined effort of nearly 90 organizations, academic institutions, government agencies, community interest groups, and others concerned with arthritis prevention and control.

CDC will expand on the following activities already underway:

- In collaboration with the University of North Carolina at Chapel Hill and the National Institutes of Health, CDC is assessing risk factors for hip and knee osteoarthritis, the leading causes of arthritis disability and the pri-

mary reasons for expensive joint replacement surgery, among residents of Johnston County, a rural area of North Carolina.

- CDC continues to assess the benefits of physical activity in maintaining healthy joints.
- CDC has worked with states to develop an optional arthritis module for the Behavioral Risk Factor Surveillance System, used by all 50 states to collect information from adults on knowledge, attitudes, and practices for a variety of health issues.
- CDC helps support a project conducted by Kaiser Permanente's Rocky Mountain Division to evaluate the effectiveness of self-help patient education programs for arthritis patients in managed care settings.

Another key element of the National Arthritis Action Plan is effective health communication and education tailored to the public, to people with arthritis and their families, and to health professionals. The Action Plan also calls for policy and environmental changes that support prevention efforts. These changes will require active partnerships between CDC and state and local health agencies, health care providers, voluntary and professional organizations, among others.

Additional information can be obtained from the Arthritis Foundation National Office, 1330 W. Peachtree St., Atlanta GA 30309; tel. 404-872-7100; website www.arthritis.org; or from the National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway NE, Atlanta GA 30341; tel. 770-488-5131; e-mail ccdinfo@cdc.gov; website www.cdc.gov/nccdphp/naap.pdf. ■

CENTER TO REVIEW EVIDENCE OF Chemical Threats to Human Reproduction



The National Toxicology Program (NTP) and the National Institute of Environmental Health Sciences (NIEHS) have established a Center for the Evaluation of Risks to Human Reproduction.

The Center will not conduct research or provide counseling or medical treatment but will convene panels of 10–15 scientists with expertise in reproduction, toxicology, and related areas to review the available information on the effects of chemicals on reproduction and development. Panel meetings will be open to the public and will provide opportunities for public comment.

Michael D. Shelby, PhD, chief of the Laboratory of Toxicology at NIEHS, who will direct the center's activities, said, "The center was established in response to growing public concern for the effects of environmental exposures on human fertility and the health of children."

For reasons that are "largely unknown," according to the Center's

organizers, between 5% and 10% of couples who want to have children cannot do so, about half of all pregnancies are not successfully completed, some 3% to 5% of newborns suffer from major birth defects, and a decline in human sperm counts over recent decades has been reported—although not confirmed.

The Center will initially review two or three chemicals or mixtures of chemicals a year, nominated by scientists, industry, workers, government agencies, or the public.

The expert panels will prepare consensus reports on the strength of scientific evidence that an exposure poses a hazard to reproduction and the health of children. Panel reports will be written "in terms that can be understood by those who are not scientifically trained" and will be published in the NIEHS journal *Environmental Health Perspectives* and on a Center website linked to the NTP and NIEHS websites.

Scientific and administrative support will be provided under contract by Sciences International, Inc. Nominations of chemicals and of panel members should be sent to the attention of John Moore, DVM, 1800 Diagonal Rd., Suite 500, Alexandria VA 22314.

Oversight will be provided through the NTP Board of Scientific Counselors, a group of scientific experts primarily from outside government. NTP, an agency of the Department of Health and Human Services, is headquartered at NIEHS in Research Triangle Park, North Carolina. ■

NLM HELPS CONSUMERS FIND ANSWERS TO MEDICAL QUESTIONS

The National Institutes of Health's National Library of Medicine (NLM) has joined 39 public library organizations with more than 200 locations in nine states and the District of Columbia in a pilot project designed to increase public access to health information via the Internet.

The project, Medical Questions? MEDLINE Has Answers, is a pilot project that will determine the feasibility of mounting similar programs in public libraries nationwide.

NLM's partners in the campaign are the National Network of Libraries of Medicine, the Kellogg Foundation, the Medical Library Association, the Public Library Association (part of the American Library Association), and the Friends of the National Library of Medicine. The nine states are Alabama, Georgia, Maryland, New York, Pennsylvania, Texas, South Carolina, Tennessee, and Texas.

Since Vice President Al Gore conducted the first free MEDLINE search on the Internet in 1997, public interest in MEDLINE has skyrocketed. About one-third of searches are now done by consumers. NLM now offers MEDLINEplus, an easy-to-understand resource for the public that includes MEDLINE as well as links to self-help groups, NIH consumer health information, clearinghouses, health-related organizations, and clinical trials.

MEDLINEplus is available on the NLM's home page at www.nlm.nih.gov. ■

NHLBI WEBSITE: Asthma Management

A new website launched by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health was designed to help improve the diagnosis and treatment of asthma.

The interactive site allows users to access scientific databases, to download the latest treatment guidelines and published literature, and to obtain continuing education credits.

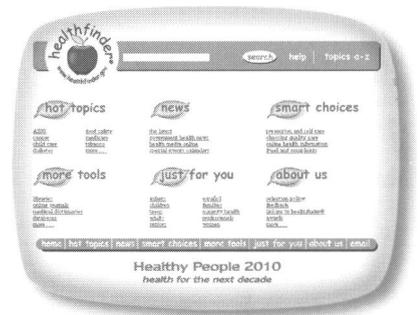
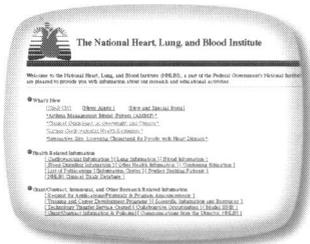
After clicking on the research mode, the user can select search terms, and the system automatically formulates a question that asks what effect a selected treatment will have on a selected outcome in asthma patients for whom selected conditions or factors are known. The system then retrieves the relevant information from such major scientific databases as MEDLINE, CRISP, and CORDIS as well as documents from Federal agencies.

The website offers a professional education mode that provides immediate

access to the latest clinical guidelines from the National Asthma Education and Prevention Program and the Global Initiative for Asthma, continuing medical education programs for physicians, other professional and patient education materials, and tools for physicians to use in teaching other health professionals and patients about asthma.

The site allows users to participate in on-line discussions. This includes an Asthma Coalition Exchange, which is designed to foster information sharing and networking among community-based asthma coalitions throughout the country. The exchange is part of a larger NHLBI program to develop partnerships with local asthma coalitions to help change the way asthma is managed at the community level.

The asthma management website can be accessed through the NHLBI home page at www.nhlbi.nih.gov. ■



PHS OFFERS ONE-STOP SHOPPING for Women's Health

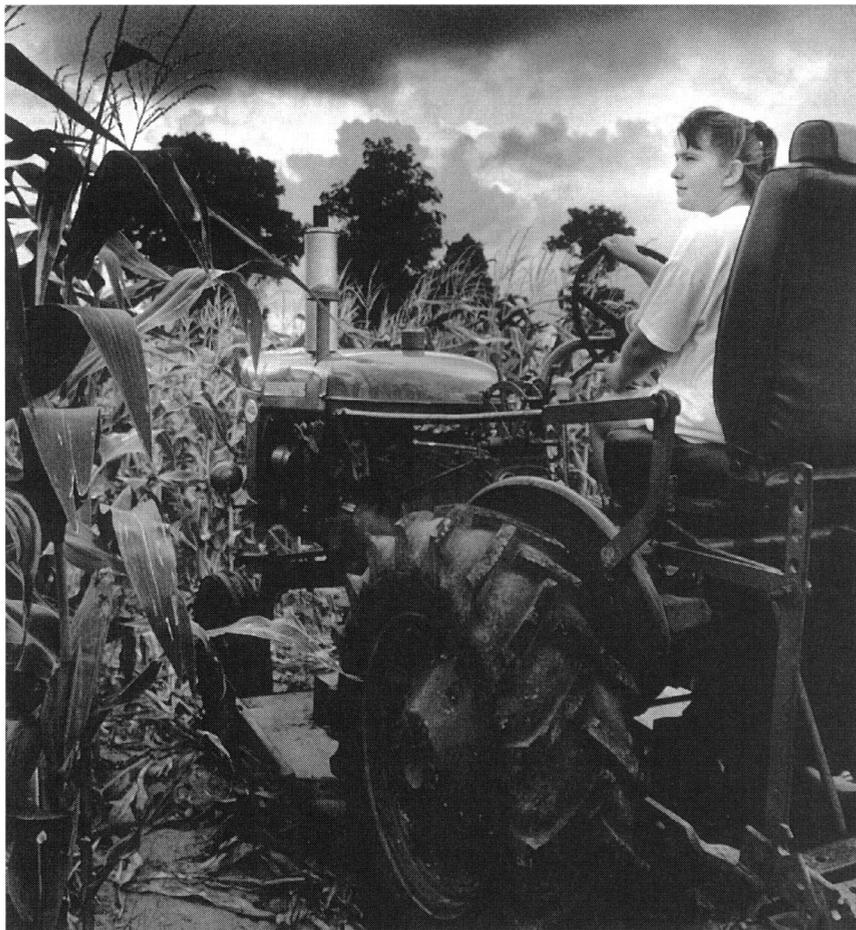
The Public Health Service's National Women's Health Information Center (NWHIC), a combination World Wide Web site and toll-free hotline, serves as a "one-stop shopping" resource for women's health information. NWHIC can be reached at www.4woman.gov or 800-994-WOMAN.

The website hyperlinks to more than 1000 websites, including more than 300 Federal sites, and to more than 2700 Federal documents on women's health, 1800 of which are already on-line.

The toll-free number connects the caller to a health information specialist who will refer the caller to the right source of information. Fact sheets, brochures, and other printed materials can also be ordered by phone. Information specialists are available from 9 a.m. to 6 p.m. Eastern time.

Other websites sponsored by the Department of Health and Human Services include www.healthfinder.gov, a gateway health site for men, women and children, and www.medicare.gov, for answers to questions about Medicare. ■





© EARL DOTTER

Limit Children's Work Hours, REPORT SAYS

Congress should give the Department of Labor the authority to limit the number of hours worked during the school year by children younger than age 18, according to a committee of the National Research Council and the Institute of Medicine. (See related photo essay on pages 126–129.)

The Labor Department should also consider limiting the number of hours students can work per day and regulating the times when they start

and stop working on school nights, the committee report says. Exceptions should be made, however, for students enrolled in high quality school-to-work programs. Students who must work out of economic necessity may also need to be exempted, but mechanisms should be devised to ensure that their educational needs will be met.

The committee determined that current laws and regulations are outdated and do not adequately protect young people from workplace injuries and health hazards or from other

harmful consequences associated with today's work environments.

Many of the common teen jobs are in industries that have high injury rates for workers of all ages. Children and adolescents often do not receive adequate training to help them avoid injuries, the report notes. The injury rate per hour worked is almost twice as high for young people as for other workers; nearly 100,000 children and adolescents visit hospital emergency rooms annually for treatment of job-related injuries. Hundreds of these young people require hospitalization, and at least 70 die each year. In addition, an unknown number of young workers are exposed to toxic or carcinogenic substances in the workplace.

Most laws that limit work hours apply only to people younger than age 16, reflecting a time when more people finished formal schooling by age 16. The committee concluded that limiting the hours worked for 16- and 17-year-olds makes more sense than in previous decades because most Americans now attend school at least to age 18.

The study was funded by the National Institute for Occupational Safety and Health, the Maternal and Child Health Bureau of the US Health Resources and Services Administration, the Robert Wood Johnson Foundation, the Environmental Protection Agency, and the Departments of Education and Labor.

Copies of Protecting Youth at Work are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242; for \$44.95 prepaid plus shipping charges of \$4 for the first copy and 50 cents for each additional copy. ■

Cities Need New Drugs, Diagnostic Tests, and Software to PREPARE FOR CHEMICAL, BIOLOGICAL ATTACKS

Improving the ability of the nation's civilian medical community to respond to a chemical or biological terrorist attack will require more than simply providing cities with military training and equipment, according to a committee of the Institute of Medicine and the National Research Council.

The committee identified more than 60 research and development projects as potentially useful in minimizing the damage caused by a terrorist attack, including new drugs and vaccines to combat anthrax and smallpox, faster and easier-to-use chemical detectors and diagnostic tests, and communications software to improve

disease surveillance and to provide information about possible attacks.

Preparations for biological or chemical terrorism should build on systems already in place to handle hazardous materials spills, infectious disease outbreaks, and natural disasters, the committee report says. Because of their work in these areas, public health departments, poison control centers, and metropolitan police departments are best equipped to handle the challenges posed by terrorism. These agencies need faster, simpler, cheaper, and more accurate tools for detecting and identifying a wide spectrum of toxic substances that could be used in an attack.

Knowing who is going to attack or when and where an attack might take place is particularly difficult in a civilian setting, the report says. Military officials may know or suspect that an enemy has a stockpile of biological weapons and could vaccinate soldiers against some of these agents. But in the civilian environment, the enemy, weapon, and time and place of attack are unknown, making this sort of preparation impossible.

Nevertheless, high priority should be placed on preparing for certain types of attacks, the report says.

Research is needed to advise Federal authorities on how and where to stockpile antidotes to nerve agents and on an effective system for distributing them. A vigorous national effort should be mounted to develop, manufacture, and stockpile improved vaccines for anthrax and smallpox, the committee also recommended. And an aggressive program should be developed to locate sub-

stances to repair or limit the damage caused by vesicants such as mustard gas, which burn and blister body tissues through contact with the skin and lungs.

Other recommendations include:

- Improvements in the laboratory and epidemiology capabilities of the Centers for Disease Control and Prevention as well as at the state and local level;
- Research into methods for quickly evaluating medical conditions of victims of chemical agents and for rapid, effective, and inexpensive decontamination of large groups of people and equipment;
- Development of educational materials on chemical and biological agents for both the general public and mental health professionals; and
- Improvement and field testing of computer models to predict the spread of hazardous agents in an attack and to provide realistic training for emergency management officials.

The study was funded by the Office of Emergency Preparedness of the Department of Health and Human Services.

Copies of Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242. ■



AHCPR Offers Resources for Consumers, Providers, and Health Agencies

Consumer guide to choosing quality health care. The Agency for Health Care Policy and Research (AHCPR) is offering a new interactive guide to help consumers make decisions about their health care. The guide is based on research about the information consumers want and need when they make decisions about health plans, physicians, hospitals, treatments, and long-term care.

The guide is part of the Department of Health and Human Services' response to the findings of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, released in March 1998. The Commission recommended "strengthening the hand of consumers" through efforts to provide consumers with accurate and reliable information on quality and to encourage them to consider information on quality when making health care decisions.

AHCPR is working with public- and private-sector partners to distribute *Your Guide to Choosing Quality Health Care*, and is assisting the Health Care Financing Administration (HCFA) in adapting the tool for Medicare beneficiaries.

Your Guide to Choosing Quality Health Care is available on the AHCPR website at www.ahcpr.gov, and a limited number of printed copies are available through the AHCPR Publications Clearinghouse; tel. 800-358-9295.

Consumer guide to choosing health plans. Another major

AHCPR quality initiative is support of the development of a survey and reporting tool known as CAHPS—Consumer Assessment of Health Plans—which helps people make decisions about specific health plans based on the experiences of people enrolled in them.

CAHPS has been adopted by a number of businesses, states, and other public and private entities including Medicare managed care organizations, the Health Care Financing Administration, and the Office of Personnel Management for use by the Federal Employee Health Benefits Program.

In addition, for 1999 the private managed care accrediting organization, the National Committee for Quality Assurance, has included CAHPS among its measures of managed care plan performance, the Health Plan Employer Data and Information Set, or HEDIS.

Quality indicators for hospitals, health plans, and health agencies. AHCPR has a free computer software tool that can help hospitals assess inpatient outcomes by screening discharge data and evaluate access to primary care.

Potential users of the Healthcare Cost and Utilization Project Quality Indicators (HCUP QIs) include hospitals, hospital associations, managed care organizations, and state and local health agencies.

The new tool can be run on microcomputers or mainframes, using SAS or SPSS programs, comes with user-friendly, easy-to-follow instructions, and is designed for use

with available hospital discharge data.

The 33 clinical performance measures in HCUP QIs are designed to produce comparable statistics at the hospital, community, or state levels along the following three dimensions:

- *Potentially avoidable adverse outcomes.* HCUP QIs calculate nine inpatient mortality rates among low-risk patients undergoing common surgical procedures, such as hip replacement and hysterectomy. They also calculate rates of seven complications during hospitalization, such as urinary tract infection following major surgery.
- *Potentially inappropriate use of hospital inpatient procedures.* HCUP QIs calculate nine utilization rates for procedures for which there are concerns of over- or under-utilization, such as cesarean section deliveries.
- *Potentially avoidable hospital admissions.* HCUP QIs indirectly evaluate access to primary care by identifying eight conditions that may result in avoidable hospitalizations, for example, immunization-preventable pneumonia among the elderly.

Users are able to compare rates across payer categories and patient demographics. They also can compare data with groups of similar hospitals, with benchmarks such as Healthy People 2000 targets, or with the experience of a single hospital or group of hospitals tracked over time.

More detail on the HCUP QIs is available at www.ahcpr.gov/news/press/qitoolpr.htm or from the AHCPR Publications Clearinghouse; tel. 800-358-9295. ■